

DATE: October 19, 2015
TO: School Administrators, Guidance Counselors & Community Leaders
FROM: Greater Lansing Area Dr. Martin Luther King, Jr.
Holiday Commission Essay Committee
RE: **Essay Contest: An Opportunity for Your Students**

We are pleased to announce our **2016 Essay Contest!!!** Please assist us in informing and encouraging Greater Lansing Area Students (**6th – 8th and 9th – 11th** grades) to participate in the celebration by entering the contest. Our theme is:

“True peace is not merely the absence of tension; it is the presence of justice.”
---Martin Luther King, Jr.

Monetary awards and certificates will be presented to the First (\$500), Second (\$350), and Third Place (\$150) winners at the Luncheon.

Please ensure that contest participants strictly adhere to the following criteria:

1. Parental Permission Slip (supplied) must be completed for each contestant
2. Essays must be typed (double spaced) or printed neatly in black ink
3. Essay length must be in the range of 250 to 300 words.
4. Essays should speak to the Luncheon theme
5. Essays presented using creative language styles are acceptable (i.e. poetry)
6. Submission **Deadline Date** is **December 4, 2015**
7. One copy of the parental permission slip, cover page and essay should be submitted to:
MLK Holiday Commission
Attn: Essay Contest
P.O. Box 24112
Lansing, Michigan 48909-4112
8. Please e-mail **awinston@cinnaire.com** if you have questions.

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**Greater Lansing Area
Dr. Martin Luther King, Jr.
Holiday Commission**

2016 Essay Contest Permission Slip

I hereby grant _____ permission to
(Child's Name - Printed)

Participate in the Greater Lansing Area Dr. Martin Luther King Jr. Holiday Commission's Essay Contest. I understand that if my child's essay is selected as a winning entry, he/she may be expected to read aloud his/her's composition at the **MLK Holiday Luncheon Celebration on Monday, January 18, 2016**. I further authorize the Commission to capture photos/video of my child for marketing/promotional purposes. Additionally, I certify that my child's submission is his/her's original work and does not contain plagiarized content. I understand that my child's entry may be disqualified if his/her's entry is in violation of this agreement.

School

Grade

Teacher/Sponsor

Parent or Guardian (signature)

Date

Parent or Guardian's name (printed)

Street Address

City, State ZIP

Telephone Number

****This form *must* be completed****